



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E272674**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	13-02373
LOCAL AGENCY CODING	
TOTAL # OF UNITS	03
OBJECT STRUCK	MAILBOX

DATE OF COLLISION	09	-	22	-	2013	TIME (2400)	1000	COUNTY #	31	MILES		CITY #	0664
ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>													

117TH AVE NE	BLOCK NO.	2300
MILE POST		

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
		FEET	S	W	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4253088510
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LAST NAME	SCHMIDT	FIRST NAME	CHRISTOPHER	MIDDLE INITIAL	R
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STREET	1821 3RD STREET
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CITY	MARYSVILLE	ST	WA	ZIP	98270
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	SCHMICR256PK	STATE	WA	SEX	M	D.O.B.	10	12	1975
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ON DUTY	STATUS	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE	1	NATURE OF INJURIES
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LICENSE PLATE #	AHG2781	STATE	WA	VIN#	JTEBU5JR2A5021231
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2010	MAKE	TOYT	MODEL	4RUNNE	STYLE	4T	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. WA STATE EMPLOYEES CU PO BOX WSECU OLYMPIA WA 98507

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	21ST CENTURY 20235066
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	D: 2063102258
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LAST NAME	WIELAND	FIRST NAME	PATRICIA	MIDDLE INITIAL	H
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STREET	2402 117TH AVE NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #		STATE		SEX	F	D.O.B.	07	28	197	9
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ON DUTY	STATUS	AIRBAG		RESTR.		EJECT		HELMET USE		NATURE OF INJURIES
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED	YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT	<input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	BOB SUMMERS	BADGE OR ID #	079	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E272674**

CASE # **13-02373**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		FITZGERALD JEANINE L																	
ADDRESS & PHONE #		2904 120TH AVE NE LAKE STEVENS WA 98258 2068694464																	
SEX		F		D.O.B. MMDDYYYY		12		26		1970									
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B. MMDDYYYY															
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B. MMDDYYYY															
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

On 09-22-13 at about 1000 hours Unit #1 was distracted inside the vehicle and collided with a power pole and into a bank of two mailboxes. This occurred at the 2300 block of 117th Ave Ne in the city of Lake Stevens. The vehicle sustained heavy frontend damage deploying the driver airbag. The driver stated he was reaching down and not paying attention to the roadway and swerved hitting the pole. The driver estimates he was driving between 25-35 mph. There were no injuries and the vehicle was towed by Sky Valley Towing.

Witness states the vehicle was all over the roadway crossing center and foglines and the driver appeared impaired. The field interview showed no signs of intoxication but the driver was shook up over the incident and declined aid.

Two mailboxes were damaged and the driver made arrangements to fix civilly.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

BOB SUMMERS

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

09-26-13 09:42 AM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

9/26/2013 9:47:45 AM

BADGE OR ID # **079**

ORI # **WA0311900**

TIME POLICE DISPATCHED **10:08 AM**

TIME POLICE ARRIVED **10:11 AM**



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E272674**

CASE # **13-02373**

COMMERCIAL MOTOR CARRIER

UNIT # USDOT ICC # INTERSTATE ☐ INTRASTATE ☐

CARRIER NAME

CARRIER ADDRESS

CITY ST ZIP

NAME SOURCE # AXLES GVWR PLACARD ☐ + NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # **3** MOTOR VEHICLE ☐ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☒ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE

LAST NAME **LOWE** FIRST NAME **PATRICK** MIDDLE INITIAL

STREET NEW ADDRESS ☐ **2309 117TH AVE NE**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX **U** D.O.B.

ON DUTY ☐ STATUS AIRBAG ☐ RESTR ☐ EJECT ☐ HELMET USE ☐ INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA



UNIT # MOTOR VEHICLE ☐ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS ☐

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX D.O.B.

ON DUTY ☐ STATUS AIRBAG ☐ RESTR ☐ EJECT ☐ HELMET USE ☐ INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

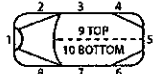
VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

BOB SUMMERS

09-26-13 09:42 AM

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID # **079** ORI # **WA0311900**

APPROVED BY **SUMMERS**

DATE **9/26/2013**

PAGE **3** OF **4**

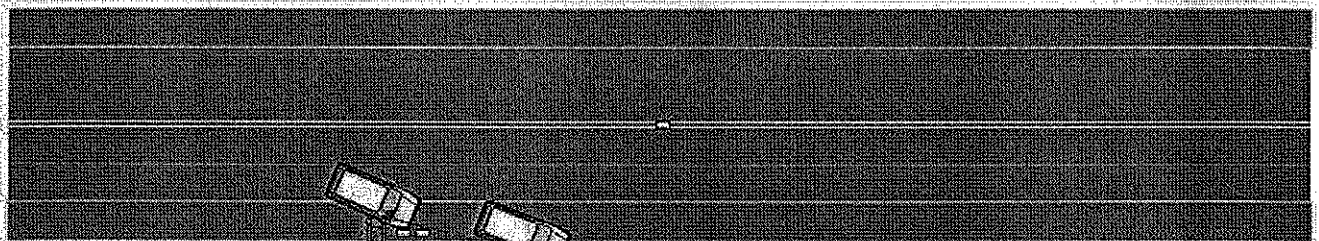
REPORT NO. E272674

CASE # 13-02373

DATE AND TIME
OF COLLISION 09/22/13 10:00



117th Ave NE



PUD Pole/ Mailboxes

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

13-02373

TOW / IMPOUND
AND INVENTORY RECORD

- ☒ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM
☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN

JTEBU5JR2A5021231

LICENSE

STATE

YEAR

MAKE

MODEL

AHG2781 WA

2010

TOYOTA

4Runner

MILEAGE

STYLE

COLOR

☐ Report of Sale☐ Digital

90585

4D

SILVER

DRIVER

REGISTERED OWNER

LEGAL OWNER

NAME (LAST, FIRST, MI)

NAME (LAST, FIRST, MI)

NAME (LAST, FIRST, MI)

SCHMIDT, CHRISTOPHER

SAME

WA STATE EMPLOY CU

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

1821 3DR STREET

PO BOX WSECU

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

MAKESVILLE, WA 98270

OLYMPIA, WA 98507

PHONE

DOB

PHONE

925308-8510 10-12-75

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 9-22-13 AT 1045 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SKY VALLEY TOWING (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM 2311 117TH AVE NE LAKE STEVENS, WA

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

Don-125

DOL TOW TRUCK NO.

112

DATE

9-22-13

EQUIPMENT

DAMAGE

EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

☐ GLOVE BOX LOCKED☐ KEYS []☒ AUTO STEREO☐ AUDIO TAPES / CD'S []☐ CB RADIO☐ RADAR DETECTOR☐ TRUNK LOCKED☐ SPARE TIRE☐ JACK☐ CHAINS☐ OTHER☐ FRONT

SHADE DAMAGED AREA

☐ R FRONT☐ R SIDE☐ R REAR☐ L FRONT☐ L SIDE☐ L REAR☐ REAR☐ TOP☐ UNDERCARRIAGE☐ OTHER

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

1 VEHICLE COLLISION

PUD
 POLE-BL37
 LOOKED DOWN, DISTRACTED

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A 72.065)

OFFICER'S SIGNATURE

X

SUNSHINE CO.

COUNTY, WA

LSPD

ORIGINAL

BADGE NO.

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

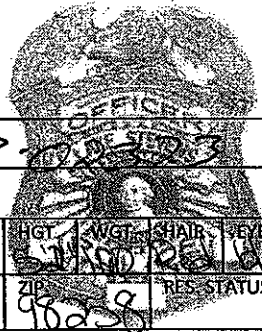
SUPERVISOR

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

13-022323



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Fitzgerald, Jeanine Lynn	RACE W	ETH W	SEX F	DOB 12-26-70	AGE 42	HGT 5'10"	WGT 160	HAIR Red	EYES Blue
STREET ADDRESS 2904 120th Ave NE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 206-1669-4464		CELL PHONE 206-669-4464		PLACE OF EMPLOYMENT Self						
WORK PHONE None		EMAIL ADDRESS h.mcnraughty@gmail.com								

I, Jeanine Fitzgerald, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Saw the driver (male, white, mid 40's), grey sweat pants, green jacket) almost hit the back of my car heading north at Highway 9, after turning off 204. He then drove on the shoulder next to my car before turning onto Lundeen. When he turned onto Lundeen he turned into on coming traffic (ie the (L) turn lanes). The driver then crossed both the center for lanes before driving over the roundabout, not through it. He was following the cars in front of him very closely (there was a black car between us) and followed us as we turned (R) onto 117th. The black car between turned (L) at the Lutheran church and then I witnessed the driver hit a utility pole at about 30-40 mph. I called 911 + stayed to leave a witness report

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Jeanine Fitzgerald</u>	DATE SIGNED 9-22-13	LOCATION SIGNED At scene
OFFICER/NUMBER: <u>[Signature]</u>	DATE SIGNED 9-22-13	LOCATION SIGNED LAKE STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number <i>K. SUMMERS #79</i>			Case Number <i>13-02323</i>		
Type of Crime: Felony / Misdemeanor (Circle)			Type of Case: <i>COLLISION</i>			Date/Time: <i>9-26-13</i>		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification					

Item # Action #	1	Item <i>DVD-12</i>	Brand Name _____	Storage Location	Disposition
		Brand/Model/Caliber _____ (Further Description)			
	3	Serial # _____	Where Found _____		

Owner's Name <i>SCHMIDT CHRISTOPHER R.</i>						Address _____		City _____		State _____		Zip _____		Phone # _____		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>COLLISION PHOTOS</i>																

Item # Action #		Item	Brand Name	Storage Location	Disposition
		Brand/Model/Caliber _____ (Further Description)			
		Serial # _____	Where Found _____		

Owner's Name						Address		City		State		Zip		Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions																

Item # Action #		Item	Brand Name	Storage Location	Disposition
		Brand/Model/Caliber _____ (Further Description)			
		Serial # _____	Where Found _____		

Owner's Name						Address		City		State		Zip		Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions																

Item # Action #		Item	Brand Name	Storage Location	Disposition
		Brand/Model/Caliber _____ (Further Description)			
		Serial # _____	Where Found _____		

Owner's Name						Address		City		State		Zip		Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions																

Evidence Control! Use Only:																	
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/>		Date:		CAD/RMS Checked		ROUTING: LSPD White: Property Room ORIGINAL Yellow: Case File									
Name: _____ # _____		NCIC/WACIC +		Date:		Owner Letter Sent:											
Date: _____ Time: _____		NCIC/WACIC -		Date:		Owner Letter Sent:											

Incident History for: #SS13021196

Case Numbers: \$SS13002373

Entered 09/22/13 10:08:21 BY SPCT06 SP0285

Dispatched 09/22/13 10:08:42 BY SPDP17 SP0147

Enroute 09/22/13 10:08:42

Onscene 09/22/13 10:11:10

Closed 09/22/13 11:18:36

Initial Type: ACCP Initial Alarm Level: Final Alarm Level:

Final Type: ACCP (ACCIDENT, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS001 Fire BLK: AG1620 Map Page: 377H-5 Group: SS1 Beat: NORT

Src: T

Loc: 2408 117 AV NE ,LKS btwn 20 ST NE & 26 ST NE (V)

Loc Info:

Name: FITZGERALD, JEAINE Addr: Phone: 2066694464

/1008 (SP0285) ENTRY ,CC, HIT AND RUN , VEH VS TELEPHONE
/1008 (SP0326) SUPP TXT: HU,OCB..DUI DRIVER JUST OCCD DOWN THE STREE
T
/1008 (SP0147) DISPER SS1912 #SS79 SUMMERS,SGT (ROBERT)
/1008? (SP0285) SUPP PHO: 2066694464,
TXT: SUS IS WALKING AWAY FROM ACC, WMA, 40'S, GR
Y SWEATPANTS, GRN SHIRT. RP THINKS HE WAS DUI PR
IOR TO ACCIDENT.
/1009 (SP0147) ASSTER SS1933 #SS102 PLANALP,OFFICER (DANIEL)
/1009 (SP0326) SUPP TXT: M SUBJ FLEEING WM,20S,BLONDE HAIR,LSW GRN S
OUNDERS JERSEY, UNK PANTS,LSH SB FROM LOC ON 117
TH ON FOOT
/1008? (SP0285) SUPP NAM: FITZGERALD, JEAINE,
TXT: SUS VEH -SIL SUV BLK RIMS. NON INJ, PART BL
KING. SUS JUST WALKED BACK THE THE VEH AND GETTI
NG INTO I T.
/1010 (SP0326) SUPP NAM: WELCH,ALLISON/HEARD ONL,
ADR: Y,
PHO: 4253355063
/1011 (SP0147) ONSCNE SS1933
/1011 (SP0326) SUPP TXT: MY RP THINKS NON INJ,PART BLKING SIL SUV NL
/1011 (SP0147) ONSCNE SS1912
/1013 MISC SS1933 ,OUT WITH MALE AT THE SCENE
/1014 MISC SS1933 ,ADV PUD - POLE #BCB7..TRANSFORMER BROKEN - POLE
INTACT
/1014 (*****) REMINQ SS1912 AHG2781
/1014 (SP0147) REMINQ SS1912 LIC,1912,AHG2781,,,
/1015 ASNCAS SS1912 \$SS13002373
/1017 MISC SS1933 ,PUD ADV
/1018 (SS79) REMINQ SS1912 MDTWANT,SCHMIDT,CHRISTOPHE,R,101275,M,,WA,,,,,
11111111
/1019 *MISC SS1912 ,21ST CENTURY INS 20235066 11/13
/1020 (*****) REMINQ SS1933 SCHMIDT.CHRISTOPHER.R.10121975..
/1020 (SP0174) REMINQ SS1933 NAME,1933,SCHMIDT,CHRISTOPHER,R,10121975.,
/1021 ROTREQ SS1933 TOW 5061 LKS SKY VAL SNO
3605636090 ,HEAVY FRONT END DAMAGE
/1022 \$PREMPT SS1933
/1023 MISC SS1912 ,SKY VALLEY TOWING ENRT
/1024 MISC SS1912 ,2 MAILBOXES DAMAGED IN ACC...2309 117 AV NE AND
2402 117 AV NE
/1047 MISC SS1912 ,PUD ONSC
/1048 MISC SS1912 ,TOW ONSC

LSPD
ORIGINAL

/1110 (SP0147) MISC SS1912 ,TOW HAS VEH
/1110 TRANS SS1912 [SANDY BEACH DR]
 , WITH ONE - WILL ADV ADDRS ON ARRIVAL
/1113 TRANSC SS1912 [10404 SANDY BEACH]
/1118 CLEAR SS1912 D/H
/1118 CLOSE SS1912

LS77
ORIG